

City of Rialto
Licensing Division
150 S. Palm Ave., Rialto, CA 92376
Tel: (909) 820-2661 Fax: (909) 873-2921

Residential Alarm Permit Application

Billing Name:	
Billing Address:	
Resident Address:	
Home Telephone:	
Work Telephone:	
Pager or Message Phone:	
Circle one: Rent / Own	
Name and relationship of other adults living a	at this residence:
1	
2	
3	
Name and City of Company Installing Alarm	:
Name and City of Alarm Monitoring Compar	ny:
I understand I will be billed for excessive "Fa	lse Alarms" as follows:
3 false alarms within any 12 month pe 4 false alarms within any 12 month pe Fifth and all subsequent false alarms v	
Alarm permit fee: \$15.00 per year	
Make Check or Money Order Payable to <u>City</u>	of Rialto
Please return this form with payment to:	City of Rialto Licensing Division 150 S. Palm Ave., Rialto, CA 92376

	For City Use Only	
Amount Paid: \$	Date:	Account #:
Entered by:		